REC'D NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33758
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis Mo. Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 8744
(c) City St Louis Mo. (d) Street No. 2601 N. Whittier Homer G. Phil. Hos. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 436 Joe Felder
(a) Residence, No. 1013 N. Elliott St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22 1907
7. AGE: Years 31 Months 5 Days 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Isola Mississippi

FATHER
13. NAME: Richard Felder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Miss.

MOTHER
15. MAIDEN NAME: Rebecka Washington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Miss.

17. INFORMANT (ADDRESS): Susie Johnson 2723 Stoddard St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 10-8-1938
19. FUNERAL DIRECTOR (ADDRESS): Ellis Funeral Home 2820 Stoddard St
20. FILED OCT 7 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:45 A.M.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia following the amputation of the right thigh due to a subperiosteal abscess of right tibia and synovitis of right knee following an accident in which he was struck by a automobile driven by one Alfred Grosse at Wash and Elliot Streets on June 26 1937, 10:00 A.M. Accident.
Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-26, 1937
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury see above
Nature of injury " "
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joseph M. Quinn M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykins, Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed. Lonnie Boykins

Licensed Embalmer No. 2946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)